			Application or Docket Number										
	PATENT	APPLICATION Effective	10/799174										
			SMALL TYPE	ENT	יוני בייני	OR		R THAN ENTITY					
T	OTAL CLAIMS		21	•				RATE	T	FEE	7	RATE	FEE
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	85.00	OR	Basic Fee	770.00
TO	OTAL CHARGE	ablė Claims	→ minus 20=		•		·	XS 9=		9.	OR	X\$18=	
IN	DEPENDENT C	LAIMS	minus 3 =		. 4	1		X43= 172		12	OR	X86=	·
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT		٠			+145=	1		OR	+290=	
• 1	* If the difference in column 1 is less than zero, enter *0" in column 2									(V6	OR	TOTAL	
·	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							CMALL	مبا		OR	OTHER	
	CLAIMS		T T	HIGH	ST	F	SWALL		ADDI)]	SWALL .	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TI	ONAL FEE		RATE	TIONAL
S	Total	. 23	Minus	- 22)	. —	ſ	X\$ 9=		7	OR	X\$18=	•
A	Independent	• 7	Miņus	7510515	7		ſ	X43=	T_{i}		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								17	···	OR	+290•	
								TOTA			OR	YOYAL NODIT, FEE	
	•	(Column 1)		· (Colum		(Column 3)	. •	JU11. 1 L				Appli, FEE	
æ	11	CLAIMS REMAINING		HIGHE	SER	PRESENT] [ADDI-			ADDI-
틸	4-2007	AFTER AMENDMENT		PREVIO PAID F		EXTRA	L	RATE		DNAL		RATE	TIONAL
AMENDMENT	Total	.21	Minus	-23	3	-		X\$ 9=	١.		OR	X\$18= .	
M	Independent FIRST PRESE	NTATION OF MIL	Minus	PLE DEPENDENT C			L	X43=			OR	X86=	
								+145 =			OR	+290=	•
							·A	TOTAL DOIT, PEI			OR	TOTAL VOOT, FEE	•
		(Column 3)			•	••			·				
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	er USLY	PRESENT DETTRA	Γ	RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	•	Minus	••.	· .	•	1	X\$ 9=	1		OR	X\$18=	
	Independent	•	Minus			•	卜	X43=	t			X86=	
ت	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=	╁╌		OR		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									Ļ		OR	+290= TOTAL	
=	f the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THE id For IN THE	S SPACE is: S SPACE is:	less that	20, enter "20."		TOTAL OIT. FEE	Ĺ.,	البسيس		DOTT. FEEL	
ľ	i ne Trighest Nutt	Der Previously Paid	For (Total or	' Independer	is the	highest number	touius	d in the a	ppropr	late bax	in cot	mn 1.	٠
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM PTO-875 (Rev. 1903)													